

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Blue Vikings Transit LLC
665 Telegraph Drive
Aiken, SC 29801

RECEIVED

AUG 31 2021

PSCSC
Clerks Office

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Walter E. Bryant III

Telephone: 803-507-1400

Address: 665 Telegraph Drive

Fax: 803-262-5059

Aiken, SC 29801

Other: _____

Email: bluevikingstransit@outlook.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED

AND AT 5051

Police Office

DEPT. OF JUSTICE

U.S. DEPARTMENT OF JUSTICE

U.S. DEPARTMENT OF JUSTICE

U.S. DEPARTMENT OF JUSTICE

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 8-28-2021

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Blue Vikings Transit LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

665 Telegraph Drive Aiken, SC 29801

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-507-1400

Phone

803-262-5059

Fax

bluevikingstransit@outlook.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="\$12,500"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text" value="\$2,500"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>	Total Liabilities	<input type="text"/>
Total Assets	<input type="text"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$10 per person per mile

\$200 Hourly

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

ACCEPTED FOR PROCESSING

ACCEPTED FOR PROCESSING

ACCEPTED FOR PROCESSING

ACCEPTED FOR PROCESSING

ACCEPTED FOR PROCESSING

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Dodge	2016 Grand Caravan	2C4RDGCG0GR170517	6,000 LBS

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Blue Vikings Transit LLC

Name of Applicant

665 Telegraph Drive, Aiken, SC 29801

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ \$3,402.00

Limits \$100,000/\$100,000/\$100,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

BiBerk

Name of Insurance Company

P.O. Box 3300, Kingston, PA 18704

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Blue Vikings Transit LLC

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Wuf
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Aiken)

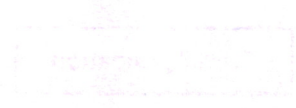
SWORN TO BEFORE ME
This 28th day of August, 20 21

TERRI H COX
Notary Public

Commission Expires 4/15/2024



TERRI H. COX
Notary Public, State of South Carolina
My Commission Expires 4/15/2024



Blue Vikings Transit LLC
141 Jefferson Davis Hwy # 126
Aiken SC 29801
United States



Blue Vikings Transit LLC

Thank you for providing biBERK the opportunity to quote your Commercial Auto insurance. Our mission is to protect your business so you have the peace of mind to do what you do best.

Commercial Auto: 9001975

\$315.00

\$315.00 per month, 12 monthly payments

Yearly: \$3,402.00 (Save 10%)

Policy Start Date 08/25/21 Coverage for one year.

Quote pricing is valid if purchased before the policy start date.

Save \$7 per payment by selecting autopay or by paying the total policy cost.

COVERAGES

- Bodily Injury Property Damage**
- Vehicle Uninsured Motorists**
- Vehicle Underinsured Motorists**
- 1 Vehicles Have Comprehensive/Collision**

VEHICLE LIMITS

2016 DODGE

\$1,000/\$1,000

AUTO LIABILITY LIMITS

Bodily Injury and Property
Damage Liability

\$100,000

Policy Details of Your Plans

Questions?

Your licensed team is here to help.



experts@biberk.com



1-844-472-0967

Mon-Fri, 8AM-9PM EST

Why biBERK insurance?

We're part of Berkshire Hathaway, a company led by Warren Buffett, and one of the world's largest insurance groups, paying over \$35 billion a year to resolve claims.

- Outstanding claims service
- Online certificates of insurance
- Affordable payment plans

Customer Reviews

★★★★★ 4.8/5

Calculated from customer reviews over the past 12 months.

Proud to be part of Warren Buffett's Berkshire Hathaway Company

biBERK.com, P.O. Box 3300, Kingston, PA 18704 1-844-472-0967



Your Commercial Auto Quote ID: 9001975

Coverages

Specific events trigger coverage by this policy. Coverage applies even if your vehicle is used for personal activities.



Vehicle Coverage

Comprehensive

Comprehensive pays for vehicle and glass damage due to, among other causes, theft, vandalism, explosion, and fire.

Collision

Collision pays for damages to your vehicle caused by a collision or when it overturns.



Auto Liability

Auto liability coverage pays out to other parties if the accident is your fault.

Accidents can cause bodily injury or property damage.

Bodily Injury Liability

Bodily injury liability pays if you are responsible for another person's injury or death in an auto accident. It also pays for your legal defense.

Property damage liability

Property damage liability pays if you are responsible for damage to another person's property, and also pays for your legal defense.



Uninsured/Underinsured Motorist

Uninsured/underinsured motorist coverage pays for your injuries caused by an uninsured/underinsured driver or a hit-and-run driver.

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biBERK.com, P.O. Box 3300, Kingston, PA 18704 1-844-472-0967



Your Commercial Auto Quote ID: 9001975

Other Coverages Not Selected

You did not choose to include these coverages in your policy.

☒ Cargo Liability

Cargo liability covers claims against your business for damage caused to non-owned goods while they were in your care, custody, or control. Incorrect loading or improper transport is not covered.

☒ Medical Payments

This covers you, drivers of your scheduled vehicles, and passengers if they are injured in an accident, regardless of fault.

☒ Rental Reimbursement

Rental reimbursement pays toward expenses for a comparable rental car, truck, or trailer while repairs are being completed as a result of a covered loss. Only applies to vehicles with physical damage coverage.

☒ Downtime

Downtime pays toward lost net income if you or we cannot readily find a comparable rental car, truck, or trailer while your vehicle or trailer was inoperable as a result of a covered loss.

☒ Trailer Interchange

Trailer Interchange covers claims against your business for damage caused to non-owned trailers while they were in your care, custody, or control.

Proud to be part of Warren Buffett's Berkshire Hathaway Company

biBERK.com, P.O. Box 3300, Kingston, PA 18704 1-844-472-0967

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Your Commercial Auto Quote ID: 9001975

In-Tow/On Hook

In-Tow/On Hook liability covers claims against your business for damage caused to nonowned vehicles while they were in your care, custody, or control. Customer cargo (goods inside the towed vehicle) is optional coverage. Incorrect loading or improper transport is not covered.

Benefits

This policy provides specific benefits in the event of covered loss.

Vehicle Coverage

VIN#	Year, Make, Model	Coverage	Limit	Deductible
2C4RDGCG0GR170517	2016, DODGE, GRAND CARAVAN	Comprehensive and Collision	\$12,000.00	\$1,000.00/\$1,000.00 0

If a limit is shown above, the most we would pay for that vehicle or trailer in any one covered loss is the lower of the stated limit, actual cash value, or repair or replacement cost. If the actual cash value (also called market value) is shown, the most we would pay is the lower amount of the actual cash value or the repair/replacement cost.

Auto Liability

\$100,000 Combined Single Limit

Uninsured/Underinsured Motorist

100,000.00 per occurrence

100,000.00 per occurrence

Premium

Proud to be part of Warren Buffett's Berkshire Hathaway Company

biBERK.com, P.O. Box 3300, Kingston, PA 18704 1-844-472-0967



Your Commercial Auto Quote ID: 9001975

The premium is the amount you pay monthly or yearly to purchase this policy.

Monthly: \$315.00 (12 monthly payments of \$315.00)

Yearly: \$3,402.00 (Save 10%)

Risks Not Covered by Commercial Auto Insurance

Costs that result from the risks below are not covered by commercial auto insurance.

Intended or expected property damage or injuries

Property damage or bodily injuries that you cause intentionally or might reasonably expect to occur as a result of your actions are not covered.

Injuries covered under workers' compensation

Injuries addressed by a worker's comp policy are not covered by commercial auto insurance.

Hired and non-owned vehicles

Only vehicles listed on the policy are covered. Temporary rental vehicles are covered if your listed vehicle is being repaired, serviced, or suffered a total loss. Other vehicles that you may rent or use are not covered by this policy. If you get a replacement vehicle for a vehicle that is listed on the policy then you have 30 days from when you buy it to replace it on our policy.

Mobile equipment operation

Liability associated with the use of mobile equipment is not covered, for example a forklift or a crane.



Your Commercial Auto Quote ID: 9001975

Racing

Damage or injuries caused by racing are excluded from coverage.

South Carolina Secretary of State

Business Entities Online

File, Search, and Retrieve Documents Electronically

Blue Vikings Transit LLC

Corporate Information

Entity Type: Limited Liability Company**Status:** Good Standing**Domestic/Foreign:** Domestic**Incorporated South Carolina
State:**

Important Dates

Effective Date 06/15/2017

:

Expiration N/A**Date:****Term End N/A****Date:****Dissolved N/A****Date:**

Registered Agent

Agent: Walter E. Bryant III**Address:** 665 Telegraph Drive
Aiken, South Carolina 29801

Official Documents On File

Filing Type	Filing Date
Articles of Organization	06/15/2017

For filing questions please contact us at 803-734-2158

Copyright © 2021 State of South Carolina

Filing ID: 170615-1013394

Filing Date: 06/15/2017

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Blue Vikings Transit LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
665 Telegraph Drive

(Street Address)

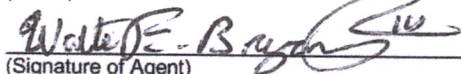
Aiken, South Carolina 29801

(City, State, Zip Code)

3. The initial agent for service of process is

Walter E. Bryant III

(Name)



(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
665 Telegraph Drive

(Street Address)

Aiken

South Carolina 29801

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Walter E. Bryant III

(Name)

665 Telegraph Drive

(Street Address)

Aiken, South Carolina 29801

(City, State, Zip Code)

STATE OF TEXAS

COUNTY OF DALLAS

OFFICE OF THE COUNTY CLERK

1000 WEST DALLAS STREET, SUITE 1000

DALLAS, TEXAS 75201

TELEPHONE: (214) 670-2000

FAX: (214) 670-2001

WWW.COUNTYCLERK.DALLAS.TX

1000 WEST DALLAS STREET, SUITE 1000

DALLAS, TEXAS 75201

TELEPHONE: (214) 670-2000

FAX: (214) 670-2001

WWW.COUNTYCLERK.DALLAS.TX

1000 WEST DALLAS STREET, SUITE 1000

DALLAS, TEXAS 75201

TELEPHONE: (214) 670-2000

FAX: (214) 670-2001

WWW.COUNTYCLERK.DALLAS.TX

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DALLAS, TEXAS 75201

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DALLAS, TEXAS 75201

TELEPHONE: (214) 670-2000

FAX: (214) 670-2001

WWW.COUNTYCLERK.DALLAS.TX

1000 WEST DALLAS STREET, SUITE 1000

Blue Vikings Transit LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

Walter E. Bryant III

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

Blue Vikings Transit LLC

Name of Limited Liability Company

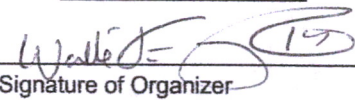
9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Walter E. Bryant III

Signature of Organizer

Date: 06/15/2017



Signature of Organizer

Date: 06/15/17

